

MANUAL TRANSMITTAL

Arkansas Department of Human Services
Division of Children and Family Services

☐ Policy ☐ Form ☒ Policy Directive
2006-04
Service Programs Policy Manual
2006

Issuance Number FSPP

Issuance Date: August 1,

From: Roy Kindle, DCFS Director

**Expiration Date - Until
Superseded**

Subject: Signed Consent for Medical Treatment

It has come to the attention of the DCFS Director that staff need clarification on the process to sign for medical treatment for foster children. The following provides clarification on this process.

Procedure VI-D1-Comprehensive Health Assessment and Health Plan for Children Receiving Out-Of-Home Placement Services, states "The FSW or Health Services Specialist will schedule needed medical appointments for the child as indicated in the "Client, Medical and Psychological Information Report"(CFS 6012) after this form is received from University of Arkansas Medical Sciences (PACE)."

Consent for treatment form must be completed by the FSW or Health Services Specialist when a medical appointment is made. The FSW or Health Services Specialist must sign the consent for treatment prior to the child receiving treatment. The FSW or Health Specialist can go to the office of the child's PCP or have the PCP, dentist, etc. fax a copy of the consent for treatment forms and sign them prior to the foster parents accompanying the child for the treatment.

In emergency situations the on-call worker is to be available to sign for medical treatment.

Arkansas Children's Hospital (ACH) Consent for Treatment of Foster Children

A. It is the policy of the Department of Health and Human Services, Division of Children and Family Services, that Family Service Workers must sign (1) the initial ACH consent for outpatient services, (2) the consent for in-patient admission and (3) any informed consents as required in the ACH Informed Consent policy, e.g., surgical procedures, anesthesia, etc.

B. **Outpatient Visits** - The Family Service Worker will accompany the foster parent and patient on the first visit to an ACH Outpatient Clinic to sign the routine outpatient consent form. This consent shall serve as a valid consent for all routine outpatient care. Foster parents are authorized to sign additional routine consents for outpatient care, for example, immunization consent forms.

C. In the event that the Family Service Worker is unable to accompany the foster parent for the initial outpatient visit, for outpatient surgery or when an informed consent is required before a medical or surgical treatment can be done, consent may be obtained by telephone or by faxing the form for signature. Verbal or phone consents must be witnessed by two ACH employees. Phone numbers and fax numbers for Family Service Workers in every county are available in the ACH Social Work Department.

If the Family Service Worker cannot be reached by phone or the need for consent arises after hours, ACH personnel may call the Area VI Area Manager at (501) 944-3381 to give consent. The Area VI Area Manager will immediately notify the appropriate county supervisor or on call worker with details concerning the situation.

D. No consent is required for treatment of a child when an emergency exists.

E. The DCFS Division Director must be involved and a court order must be obtained for the withholding or withdrawing of life sustaining treatment.